

Waiver Request of Specific Life Safety Code Provisions

7/2/2009

Name of Facility_____

City/State_____ CCN#_____

Phone # _____ Contact Name/Title_____

Survey Date _____ K-Tag _____ Requested Waiver End Date_____

Due Dates	Justification
Send information to your Fire Authority on the following dates	Evidence the deficiency does not pose a hazard to the occupants:
Milestones	How correction of the deficiency poses a hardship to the facility:
	Construction milestones:
Evidence of Correction (within 15 days of end date)	Additional safety measures implemented to compensate for the deficiency:
	Failure to follow the plan may result in waiver revocation and enforcement actions

Administrator (Signature)	Title	Date
Corporate Office (Signature)	Title	Date